STATEMENT OF ECONOMIC INTERESTS

| NAM | E | Can | ididate fo | r |
|---|---|--|-------------|----------|
| | 111:1/2 6 3 1 6 | | n to this o | |
| OFFI | CE OR POSITION 11 1 1 1 1 1 1 1 1 1 | Y_Y | /ES | _NO |
| HELD | OOR SOUGHT HEXANDRIA (ify COUNCI) | | | |
| AGEN | NCY/BUSINESS NAME PHONE | | | |
| AGEN | NCY/BUSINESS ADDRESS | *************************************** | | |
| CITY | STATE ZI | P | | |
| NAM | ES OF MEMBERS OF IMMEDIATE FAMILY | <u> 22</u> | <u> 30</u> | 5 |
| INAIVII | es of Members of Immediate family | | | |
| COM Retur | PLETE ITEMS 1 THROUGH 10. REFER TO SCHEDULES ONLY IF DIRECTED. The Schedules only if needed to complete Statement. | | | |
| You | may attach additional explanatory information. MAR 2 0 2015 | 90.8600000000000000000000000000000000000 | | |
| *************************************** | Offices and Directorships. Are you or a member of your immediate family a paid officer or paid director of a business? | | □ ÆS | X NO |
| | If yes, complete Schedule A | | | |
| 2. | Personal Liabilities. Do you or a member of your immediate family owe more than \$5,000 to any one creditor including contingent liabilities? (Excl debts to any government and loans secured by recorded liens on property at least equal in value to the loan.) | ude | X (ES | □ NO |
| | If yes, complete Schedule B | | | |
| 3. | Securities. Do you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess \$5,000 invested in one business? Account for mutual funds, limited partnerships and trusts. | | □ ÆS | NO NO |
| | If yes, complete Schedule C | | | 1.0 |
| 4. | Payment for Talks, Meetings, and Publications. During the past six months did you receive in your capacity as an officer or employee of your agency lodging, transportation money, or anything else of value with a combined value exceeding \$200 (i) for a single talk, meeting, or published work or (ii) for meeting, conference, or event where your attendance at the meeting, conference, or event was designed to (a) educate you on iss relevant to your duties as an officer or employee of your agency or (b) enhance your knowledge and skills relative to your duties an officer or employee of your agency? | ora Y | TES | NO |
| | If yes, complete Schedule D | | | |
| 5. | Gifts. During the past six months did a business, government, or individual other than a relative or personal friend (i) furnish you or member of your immediate family with any gift or entertainment at a single event, and the value received exceeded \$50 or furnish you or a member of your immediate family with gifts or entertainment in any combination and the total value received exceeded \$100, and for which you or the member of your immediate family neither paid nor rendered services in exchange Account for entertainment events only if the average value per person attending the event exceeded \$50. Account for all busin entertainment (except if related to the private profession or occupation of you or the member of your immediate family we received such business entertainment) even if unrelated to your official duties. | (ii) Y ved ge? | ES | X NO |
| | If yes, complete Schedule E | | | |
| 6. | Salary and Wages. List each employer that pays you or a member of your immediate family salary or wages in excess of \$5,000 annually. (Exclude state or local government or advisory agencies.) If no reportable salary or wages, check here | | | |
| | Fairfax County Fire + Rescue Dept. | ohiosaan | | |
| | METATION NATAL | *************************************** | | |

| 7. | Business Interests. Do you or a member of your immediate family, separately or together, operate your own business, or own or control an interest in excess of \$5,000 in a business? | YES | X |
|---|--|---------------|---------|
| | If yes, complete Schedule F | | |
| 8. | Payments for Representation and Other Services. | | |
| 8A. | Did you represent, excluding activity defined as lobbying in § 2.2-419, any businesses before any state governmental agencies, excluding courts or judges, for which you received total compensation during the past six months in excess of \$1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-1.) If yes, complete Schedule G-1 | YES | NO |
| 8B. | Subject to the same exceptions as in 8A, did persons with whom you have a close financial association (partners, associates or others) represent, excluding activity defined as lobbying in § 2.2-419, any businesses before any state governmental agency for which total compensation was received during the past six months in excess of \$1,000? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-2.) If yes, complete Schedule G-2 | YES | NO |
| 8C. | Did you or persons with whom you have a close financial association furnish services to businesses operating in Virginia pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses for which total compensation in excess of \$1,000 was received during the past six months? Services reported under this provision shall not include services involving the representation of businesses that are reported under item 8A or 8B. If yes, complete Schedule G-3 | YES | NO |
| 9. | Real Estate. | | |
| 9A. | State Officers and Employees. Do you or a member of your immediate family hold an interest, including a partnership interest, valued at more than \$5,000 or more in real property (other than your principal residence) for which you have not already listed the full address on Schedule F? Account for real estate held in trust. | YES | X NO |
| | If yes, complete Schedule H-1 | | |
| 9B. | Local Officers and Employees. Do you or a member of your immediate family hold an interest, including a partnership interest, or option, easement, or land contract, valued at more than \$5,000 in real property (other than your principal residence) for which you have not already listed in the full address on Schedule F? Account for real estate held in trust. If yes, complete Schedule H-2 | YES | NO |
| 10. | Real Estate Contracts with Governmental Agencies Do you or a member of your immediate family hold an interest valued at more than \$5,000 in real estate, including a corporate, partnership, or trust interest, option, easement, or land contract, which real estate is the subject of a contract, whether pending or completed within the past six months, with a governmental agency? If the real estate contract provides for the leasing of the property to a governmental agency, do you or a member of your immediate family hold an interest in the real estate valued at more than \$1,000? Account for all such contracts whether or not your interest is reported in Schedule F, H-1, or H-2. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership exceeds three percent of the total equity of the business. If yes, complete Schedule I | YES | NO |
| | Statements of Economic Interests are open for public inspection. | | |
| | TIRMATION BY ALL FILERS. It or affirm that the foregoing information is full, true and correct to the best of my knowledge. | | |
| *************************************** | Willie In Bully St. 3-, SIGNATURE OF FILER | 16-20 DATE | 00 |

SCHEDULE A

OFFICES AND DIRECTORSHIPS

| NAME: | Willie | F. Bailey | Sn | |
|--|-----------------------------|------------------------------|---|---------------------------|
| OFFICE OR PO | OSITION HELD OR SOL | JGHT: Ay | Council | |
| Identify each bus | siness of which you or a me | mber of your immediate famil | ly is a paid officer or | paid director. |
| | E OF BUSINESS | ADDRESS OF BU | | POSITION HELD AND BY WHOM |
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SCHEDULE B

PERSONAL LIABILITIES

| ME: | Willie & Bailey St. | | |
|---------|--|--|--------------------------------|
| FICE | OR POSITION HELD OR SOUGHT: CHY COUNCIL | | |
| not rep | rsonal liability by checking each category. Report only debts in excess of \$5,000. Export loans secured by recorded liens on property at least equal in value to the loan. In which debts are contingent. | Oo not report debts to any Report contingent liabiliti | government. les below and |
| Му | personal debts are as follows: | | |
| CH | HECK APPROPRIATE CATEGORIES: | CHEC \$5,001 TO \$50,000 | MORE THAN \$50,000 |
| Ba | anks | X | П |
| Sa | avings institutions | \Box | |
| Ot | ther loan or finance companies | | |
| Ins | surance companies | | |
| Sto | ock, commodity or other brokerage companies | | |
| Ot | ther businesses: | | |
| | (State principal business activity for each creditor and its name.) | | |
| | | | |
| | | | |
| Inc | dividual creditors: | | |
| | (State principal business or occupation for each creditor and its name.) | Ц | |
| | | | L |
| | | | |
| The pe | ersonal debts of the members of my immediate family are as follows: | | |
| СН | IECK APPROPRIATE CATEGORIES: | CHECI \$5,001 TO \$50,000 | K ONE MORE THAN \$50,000 |
| Ba | nks | П | П |
| Sav | vings institutions | | Ħ |
| Otl | her loan or finance companies | | ī |
| Ins | surance companies | | П |
| Sto | ock, commodity or other brokerage companies | | |
| | her businesses: | - | |
| | (State principal business activity for each creditor and its name.) | | |
| | | | |
| | | | |
| | | articular particular p | |
| Ind | lividual creditors: (State principal business or occupation for each creditor and its name.) | | |
| | (Same principal outsiness of occupation for each creditor and its name.) | L | |
| | | | Ц |
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SCHEDULE C

SECURITIES

| NAME: | Wille | <u>F.</u> | Bailey | Sr | | |
|----------|--------------|-----------|--------------------|----------------------|------------------------------|-------------------------------------|
| OFFICE (| OR POSITION | HELD O | R SOUGHT: | Alexandria | GH | Council |
| "SECUF | RITIES" INCL | .UDES s | tocks, bonds, muti | ual funds, "SECURITI | <i>(</i> ES" EXCLU | JDES certificates of deposit, money |

Identify each business or Virginia governmental entity in which you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of \$5,000. Name each issuer and type of security individually.

market funds, annuity contracts, and insurance policies.

Do not list U.S. Bonds or other government securities not issued by the Commonwealth of Virginia or its authorities, agencies, or local governments. Do not list organizations that do not do business in this Commonwealth, but most major businesses conduct business in Virginia. Account for securities held in trust.

If no reportable securities, check here ______.

limited partnerships, and commodity futures contracts.

| NAME OF ISSUER | TYPE OF SECURITY | | CHECK ONE | = |
|----------------|-------------------------------------|--------------------|-------------------------|----------------------|
| | (STOCKS, BONDS, MUTUAL FUNDS, ETC.) | 5,001 to 50,000 | 50,001 to 250,000 | More than 250,000 |
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NAME:

SCHEDULE D

PAYMENT FOR TALKS, MEETINGS, AND PUBLICATIONS

OFFICE OR POSITION HELD OR SOUGHT:

| List each source from which you received during the past six months in your capacity as an officer or employee of your agency lodging, transportation, money, or any other thing of value with combined value exceeding \$200 (i) for your presentation of a single talk, participation in one meeting, or publication of a work or (ii) for your attendance at a meeting, conference, or event where your attendance at the meeting, conference, or event was designed to (a) educate you on issues relevant to your duties as an officer or employee of your agency or (b) enhance your knowledge and skills relative to your duties as an officer or employee of your agency. Any lodging, transportation, money, or other thing of value received by an officer or employee that does not satisfy the provisions of clause (i), (ii) (a), or (ii) (b) shall be listed as a gift on Schedule E | | | | | |
|---|--|--|--|--|--|
| List payments or reimbursements by | an advisory or government | al agency only for meetings or travel outside | the Commonwealth. | | |
| List a payment even if you donated it | t to charity. | | | | |
| Do not list information about payment Item 6 or from a source of income list | nt if you returned it within 6 sted on Schedule F. | 60 days or if you received it from an employer | already listed under | | |
| If no payment must be listed, che- | ck here | | | | |
| PAYER | APPROXIMATE VALUE | CIRCUMSTANCES | TYPE OF PAYMENT (e.g. honoraria, travel reimbursement, etc.) | | |
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SCHEDULE E

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OFFICE OR POSITION HELD OR SOUGHT:

List each business, governmental entity, or individual that, during the past six months, (i) furnished you or a member of your immediate family with any gift or entertainment at a single event, and the value received exceeded \$50, or (ii) furnished you or a member of your immediate family with gifts or entertainment in any combination and the total value received exceeded \$100, and for which you or the member of your immediate family neither paid nor rendered services in exchange. List each such gift or event. Do not list entertainment events unless the average value per person attending the event exceeded \$50. Do not list business entertainment related to the private profession or occupation of you or the member of your immediate family who received such business entertainment. Do not list gifts or other things of value given by a relative or personal friend for reasons clearly unrelated to your public position. Do not list campaign contributions publicly reported as required by Chapter 9.3 (§ 24.2-900 et seq.) of Title 24.2 of the Code of Virginia.

| NAME OF RECIPIENT | NAME OF BUSINESS, ORGANIZATION, OR INDIVIDUAL | CITY OR COUNTY AND STATE | EXACT GIFT OR EVENT | APPROXIMATE VALUE |
|-------------------|---|---|---------------------|----------------------|
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Statement of Economic Interests SCHEDULE F BUSINESS INTERESTS

| NAME: | |
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OFFICE OR POSITION HELD OR SOUGHT:

Complete this Schedule for each self-owned or family-owned business (including rental property, a farm, or consulting work), partnership, or corporation in which you or a member of your immediate family, separately or together, own an interest having a value in excess of \$5,000.

If the enterprise is owned or operated under a trade, partnership, or corporate name, list that name; otherwise, merely explain the nature of the enterprise. If rental property is owned or operated under a trade, partnership, or corporate name, list the name only; otherwise give the address of each property. Account for business interests held in trust.

| | CITY OR COUNTY | NATURE OF ENTERPRISE | GROSS II | | NCOME | |
|--|----------------|--|-------------------|-------------------------|-------------------------|--|
| NAME OF BUSINESS, CORPORATION, PARTNERSHIP, FARM; ADDRESS OF RENTAL PROPERTY | AND STATE | (FARMING, LAW, RENTAL PROPERTY, ETC.) | 50,000 or less | 50,001 to 250,000 | More than 250,000 | |
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SCHEDULE G-1

PAYMENTS FOR REPRESENTATION BY YOU

| NAME: | | | | | | | | |
|--|--|--|--|---------------------------|-------------------|---|---------------------|--------------------------|
| OFFICE OR POSITIO | ON HELD OR S | OUGHT: | | | | | | |
| excluding any court or j compensation for other subsequent representation. Identify each business, to | judge, for which services to such a regarding the regarding the regarding the regarding the regarding the regarding the such a such as the | you received total conth businesses and representation and the assiness if you are require | mount received by dollar ed by law not to reveal the | t six mon | ths in exe filing | ccess of \$ of manda | S1,000, esatory par | xcluding pers and |
| NAME OF BUSINESS | TYPE OF BUSINESS | PURPOSE OF REPRESENTATION | NAME OF AGENCY | \$1,001 To \$10,000 | \$10,001 To | UNT RECI \$50,001 To \$100,000 | \$100,001 To | \$250,001 And Over |
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If you have received \$250,001 or more from a single business within the reporting period, indicate the amount received, rounded to the nearest \$10,000. Amount Received: ______.

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SCHEDULE G-2

PAYMENTS FOR REPRESENTATION BY ASSOCIATES

| NAME: | |
|---|--|
| OFFICE OR POSITION HELD OR SOUGHT: | |
| agency, excluding any court or judge, by persons who are you association and who received total compensation in excess of | ivity defined as lobbying in § 2.2-419, before any state governmental r partners, associates or others with whom you have a close financial \$1,000 for such representation during the past six months, excluding res and subsequent representation regarding the mandatory papers filed se financial association. |
| Identify such business by type and also name the state government businesses. | mental agencies before which such person appeared on behalf of such |
| Only STATE officers and employees should complete this Sched | dule. |
| TYPE OF BUSINESS | NAME OF STATE GOVERNMENTAL AGENCY |
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SCHEDULE G-3

PAYMENTS FOR OTHER SERVICES GENERALLY

| ME: | |
|----------------------------------|--|
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| FICE OR POSITION HELD OR SOUGHT: | |
| FICE ON FOSITION HELD ON SOUGHT: | |

Indicate below types of businesses that operate in Virginia to which services were furnished by you or persons with whom you have a close financial association pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses and for which total compensation in excess of \$1,000 was received during the past six months. Services reported in this Schedule shall not include services involving the representation of businesses that are reported in Schedule G-1 or G-2.

Identify opposite each category of businesses listed below (i) the type of business, (ii) the type of service rendered and (iii) the value by dollar category of the compensation received for all businesses falling within each category.

| | CHECK IF | | | | | | |
|---|------------------------------|--------------------------------|---------------------------|----------------|----------------|-----------------|------------------|
| BUSINESS CATEGORY | SERVICES WERE RENDERED | TYPE OF SERVICE RENDERED | \$1,001 TO \$10,000 | \$10,001 TO | \$50,001 TO | \$100,001 TO | \$250,001 AND |
| Electric Utilities | | | | \$50,000 | \$100,000 | \$250,000 | OVER |
| | | | | | | | |
| Gas Utilities | | | | | | | |
| Telephone Utilities | | | | | | | |
| Water Utilities | | | | | | | |
| Cable Television Companies | | | | | | | П |
| Interstate Transportation Companies | | | | | | | |
| Intrastate Transportation Companies | | | | | | | |
| Oil or Gas Retail Companies | | | | | | | |
| Banks | | | | | | | |
| Savings Institutions | | | | | | | |
| Loan or Finance Companies | | | | | | | П |
| Manufacturing Companies (state type of product, e.g., textile, furniture, etc.) | | | | | | | |
| Mining Companies | | | | | П | | П |
| Life Insurance Companies | | Management 1 (1) | | | | | |
| Casualty Insurance Companies | | | | | | | |
| Other Insurance Companies | | | | | | | |
| Retail Companies | | | | | | | |
| Beer, Wine or Liquor Companies or Distributors | | | | | | | |
| Trade Associations | | | | | | | |
| Professional Associations | | | | | | | П |
| Associations of Public Employees or Officials | | | | | | | |
| Counties, Cities or Towns | | | | | | | |
| Labor Organizations | | | | | | | |
| Other | | | | | | | |

NAME:

SCHEDULE H-1

REAL ESTATE—STATE OFFICERS AND EMPLOYEES ONLY

| OFFICE OR POSITION HELD OR SOU | GHT: | |
|--|---|--|
| List real estate other than your principal resi- partnership interest, option, easement, or lan | dence in which you or a member of your imm d contract, valued at more than \$5,000. Each | ediate family holds an interest, including a parcel shall be listed individually. |
| LIST EACH LOCATION (STATE, AND COUNTY OR CITY) WHERE YOU OWN REAL ESTATE. | DESCRIBE THE TYPE OF REAL ESTATE YOU OWN IN EACH LOCATION (BUSINESS, RECREATIONAL, APARTMENT, COMMERCIAL, OPEN LAND, ETC.). | IF THE REAL ESTATE IS OWNED OR RECORDED IN A NAME OTHER THAN YOUR OWN, LIST THAT NAME. |
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SCHEDULE H-2

REAL ESTATE—LOCAL OFFICERS AND EMPLOYEES ONLY

| NAME: | | | | | | |
|---|--|---|--|--|--|--|
| OFFICE OR POSITION HELD OR SOUGHT: | | | | | | |
| List real estate other than your pr partnership interest or option, eas list the names of any co-owners o | rincipal residence in which you or a member of sement, or land contract, valued at more than sof such property, if applicable. | of your immediate family holds ar \$5,000. Each parcel shall be listed | n interest, including a d individually. Also | | | |
| LIST EACH LOCATION (STATE, AND COUNTY OR CITY) WHERE YOU OWN REAL ESTATE | DESCRIBE THE TYPE OF REAL ESTATE YOU OWN IN EACH LOCATION (BUSINESS, RECREATIONAL, APARTMENT, COMMERCIAL, OPEN LAND, ETC.) | IF THE REAL ESTATE IS OWNED OR RECORDED IN A NAME OTHER THAN YOUR OWN, LIST THAT NAME. | LIST THE NAMES OF ANY CO-OWNERS, IF APPLICABLE | | | |
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SCHEDULE I

REAL ESTATE CONTRACTS WITH GOVERNMENTAL AGENCIES

| NAME: |
|--|
| OFFICE OR POSITION HELD OR SOUGHT: |
| List all contracts, whether pending or completed within the past six months, with a governmental agency for the sale or exchange of real estate in which you or a member of your immediate family holds an interest, including a corporate, partnership or trust interest, option, easement, or land contract, valued at more than \$10,000. List all contracts with a governmental agency for the lease of real estate in which you or a member of your immediate family holds such an interest valued at more than \$1,000. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership interest exceeds three percent of the total equity of the business. |
| State officers and employees report contracts with state agencies. |
| Local officers and employees report contracts with local agencies. |
| List your real estate interest and the person or entity, including the type of entity, which is party to the contract. Describe any management role and the percentage ownership interest you or your immediate family member has in the real estate or entity. |
| |
| |
| List each governmental agency which is party to the contract and indicate the county or city where the real estate is located. |
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| |
| State the annual income from the contract, and the amount, if any, of income you or any immediate family member derives annually from the contract. |
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ATTACHMENTS